NATIVE AMERICAN TUITION WAIVER REQUEST FORM

New and Returning Students

Name of College/University		What Ye	ar & What Semester?
First Name Middle Init	ial La	ast Name	
Mailing Address			Apt #
City	_ State	Zi	ip
Home Telephone Number ()	Cell Phone Number ()		
Social Security #	Student ID #		
Date of Birth Tribe			
Your e-mail address	@		(please print clearly)
PLEASE ANSWER THE FOLLOWING QUESTION: Are you an undergraduate matriculating student, enrolled if FASFA Form?YesNo. If you answer no, tuition waiver program is for degree-seeking students only I am a matriculating student and this is my first time ap (1) a copy of my letter of acceptance from a Massachusett copy of my genealogy that proves I am from a tribe in the Uletter from a tribe in the United States or Canada; and (3) provided the second control of the control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of the United States or Canada; and (3) provided the second control of th	you are not . Please cons plying for the ts State Colle United State	eligible for th tact the colle te tuition wai ege/Universit s or Canada,	ne tuition waiver because the ge with questions. ver. Therefore, I have <u>attached:</u> y (or a copy of my classes); (2) a or a copy of my tribal ID or tribal
I am a matriculating student who is returning to classes I am enrolled in classes:Full-time		_	ster. Part-time evening
My field of study is	My anticipa	ted date of g	raduation is
After I graduate from this college, I plan to:			

Please mail, e-mail, or fax this form, along with all requested documents, by **July 15**th **for the Fall Semester,** and by **December 15**th **for the Spring Semester.** For the summer and winter sessions, there are no deadlines. (If you e-mail or fax the form and requested documents, there is no need to mail the original.)

Massachusetts Commission on Indian Affairs ATTN: Tuition Waiver Program 100 Cambridge Street, Suite 300 Boston, MA 02114

Telephone: 617-573-1291 Fax: 617-573-1460